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**AN ACT CONCERNING BENEFITS FOR CERTAIN VETERANS WHO
HAVE BEEN DIAGNOSED WITH POST-TRAUMATIC STRESS
DISORDER OR TRAUMATIC BRAIN INJURY OR WHO HAVE HAD AN
EXPERIENCE OF MILITARY SEXUAL TRAUMA.**

Testimony before the Comm. on Veterans' Affairs, Conn. Gen. Assembly, on SB-284

Madam Chair, Mr. Chairman, Mr. Chairman, and Members of the Committee on Veterans' Affairs. My name is Pattie Dumin, and I am a veteran of the U.S. Air Force, and President of the Connecticut State Council of Vietnam Veterans of America. I am here today in support of Senate Bill 284, an Act Concerning Benefits for Certain Veterans Who Have Been Diagnosed with Post-Traumatic Stress Disorder or Traumatic Brain Injury or Who Have Had an Experience of Military Sexual Trauma.

Vietnam Veterans of America is a national veterans' membership and services organization that adheres to a simple motto: "never again will one generation of veterans abandon another." We are an organization built by and for veterans of Vietnam, but our commitment to serving our country's veterans runs across generations. So, when the Connecticut Chapter of Iraq and Afghanistan Veterans of America told us about the need that their members saw for this proposal, my response was of course, we support it.

Servicemembers returning home from the wars in Iraq and Afghanistan have extraordinarily high rates of PTSD – prevalence is measured at up to one third of returning veterans.¹ These

¹ See Polsun et al., *Prevalence and Risk Factors for Post-Traumatic Stress Disorder Symptoms Among National Guard/Reserve Component Service Members Deployed to Iraq and Afghanistan*, SPRINGERLINK, (June 2, 2016), https://link.springer.com/referenceworkentry/10.1007%2F978-3-319-08359-9_129 (extensive research has examined the prevalence of combat-related PTSD among service members deployed to Iraq and Afghanistan with rates ranging from 1.4 % to as high as 31 %. Several systematic reviews have highlighted the wide variation in PTSD prevalence estimates and examined methodological factors contributing these disparate findings (Griffith 2010; Kok et al. 2012; Ramchand et al. 2010)).

veterans face significant challenges integrating back into their families and lives here at home, challenges that are exacerbated and unresolved when they are denied access to programs designed for that transition. VVA-CT stands with returning veterans – including veterans with psychic wounds discharged other-than-honorably– and urges the Connecticut General Assembly to stand with them as well.

With that said, it is critical that we remember that it is not only newly returned veterans who are combating PTSD, traumatic brain injuries, and the aftershocks of being sexually assaulted while serving. Many veterans of the Vietnam generation are still fighting the same battles. This is all the more true for those who have been almost entirely shut out of veterans’ services, healthcare, and treatment programs for decades, all because of an Other-than-Honorable discharge. All told, a recent study shows that some 271,000 Vietnam veterans nationwide still have unresolved PTSD.²² We do not know exactly how many of them, like Mr. Monk, are living in Connecticut. We do know, however, that as these veterans age, their need for state-run programs like the veterans’ home at Rocky Hill will only grow. Rather than pushing them into undifferentiated, general care, we ask that Connecticut welcome them into veteran-specific programs where staff and fellow patients alike can understand and honor their experiences, and care for them appropriately.

I am hopeful that as our understanding of the behavioral impact of conditions like PTSD grows, our compassion for veterans with these conditions and less-than-honorable discharges will grow as well. PTSD was not recognized as a medical diagnosis until 1980 – five years after the Vietnam War ended. We have come a long way in understanding and treating psychic

²² Charles Marmar et al., *Course of Posttraumatic Stress Disorder 40 Years After the Vietnam War: Findings from the National Vietnam Veterans Longitudinal Study*, JAMA PSYCHIATRY, (Sept. 2015), <https://jamanetwork.com/journals/jamapsychiatry/fullarticle/2398184>.

wounds and their symptoms since. And still, 74% of Vietnam veterans with PTSD have been found to have a comorbid substance abuse disorder.³ Nearly half of homeless veterans nationwide served in Vietnam.⁴ As studies suggest that retirement may cause long-dormant PTSD symptoms to resurface,⁵ clearly, we have a ways further to go still. As it did in tackling veteran homelessness, Connecticut can help fill in the gaps in care for those veterans who have still not been healed decades later.

After a generation of relative peace after the war in Vietnam, a new generation of Desert Storm and Post-9/11 vets are now experiencing similar psychic wounds to those that Vietnam veterans experienced, and veterans with bad paper face similar rejection as they return home. We cannot let the tragedy of Vietnam vets with PTSD repeat in the Iraq and Afghanistan generation. These are young veterans seeking to build their lives here, at home in our state. Vietnam veterans are unwilling to let them, and our own, be excluded and forgotten.

³ National Center for PTSD, *Treatment of Co-Occurring PTSD and Substance Use Disorder in VA*, https://www.ptsd.va.gov/professional/co-occurring/ptsd_sud_veterans.asp.

⁴ Background and Statistics, National Coalition for Homeless Veterans, http://nchv.org/index.php/news/media/background_and_statistics/.

⁵ Leo Shane, *Retirement Might Unleash PTSD Symptoms in Vietnam Veterans*, STARS AND STRIPES (June 20, 2012), <https://www.stripes.com/news/retirement-might-unleash-ptsd-symptoms-in-vietnam-veterans-1.180888>.